

AO83 (Rev. 12/85) Summons in a Criminal Case

UNITED STATES DISTRICT COURT

DISTRICT OF

DELAWARE

UNITED STATES OF AMERICA

V.

MARGARET TANSLEY

Newark, DE 19702

SUMMONS IN A CRIMINAL CASE

Case Number: 05CR056-1-SLR

(Name and Address of Defendant)

REDACTED

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place

J. Caleb Boggs Federal Building
844 N. King Street
Wilmington, DE 19801

Room

#100 U.S. Marshal's Office - Deft.

To Report By: 8:00 a.m.

Date and Time

6/24/05 at 8:00 a.m.

Before: THE HONORABLE SUE L. ROBINSON, U.S. DISTRICT JUDGE

To answer a(n)

☐ Indictment ☒ Information ☐ Complaint ☐ Violation Notice ☐ Probation Violation Petition

Charging you with a violation of Title 18 United States Code, Section(s) 1347 and 2

Brief description of offense:

Health Care Fraud

FILED

JUN 21 2005

U.S. DISTRICT COURT
DISTRICT OF DELAWARE

Francesca Tassone

Signature of Issuing Officer

6/13/05

Date

PETER T. DALLEO, CLERK

Name and Title of Issuing Officer

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RETURN OF SERVICE

Date

Service was made by me

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant at: Via cert mail
- ☐ Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address. Name of person with whom the summons was _____
- ☐ Returned unexecuted: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service is true and correct.

Returned

Date

6/20/05

Name of United States Marshal

DW Thomas

(by) Deputy United States Marshal

JO P...

Remarks:

¹ As to who may serve a summons, see Rule 4 of the Federal Rules of Criminal Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>6-15-00</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Margaret Tansley Newark, DE 19702</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input checked="" type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>7002 2410 0006 7675 9275</p>		<p><i>CSUM</i></p>	
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)

For delivery information visit our website at usps.com

OFFICIAL

Postage \$ _____

Certified Fee \$ _____

Return Receipt (Endorsement Receipt) _____

Restricted Delivery (Endorsement) _____

To: **Margaret Tansley**
Newark, DE 19702

Postmark Here *6/14*

Street or P.O. Box _____
 City, State, ZIP+4® _____

PS Form 3800, June 2002 See Reverse for Instructions